

Fill in this information to identify the case:

Debtor 1 Hearthwood North I Association, Inc.  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number: 12-35375

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: **\$ 18,318.65**

Claimant's Name: **GARY LUU**

Claimant's Current Mailing Address, Telephone Number, and Email Address: **AV SIND DE HACIENDA 604  
FRACC FOVISTE 4TA ETAPA  
MEXICALI BC C.P. 21240 MEXICO**

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Attn: Unclaimed Funds  
1100 Commerce Street, 3rd Floor  
Dallas, TX 75242

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 05/13/2023

*Gary Luu*

Signature of Applicant

GARY LUU

Printed Name of Applicant

Address: AV SIND DE HACIENDA 604  
FRACC FOVISTE 4TA ETAPA  
MEXICALI BC C.P. 21240 MEXICO

Telephone: 686-1076011

Email: YAPODEMOS2015@GMAIL.COM

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

This Application for Unclaimed Funds, dated 05.13.2023 was subscribed and sworn to before me this 25 day of September, 20\_\_\_\_ by

GARY LUU

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public *Patricia Martinez*



**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_



La Secretaría de Relaciones Exteriores de los Estados Unidos Mexicanos solicita a las autoridades competentes que permitan al titular de este pasaporte de nacionalidad mexicana su libre paso sin reentrar en el país de origen, a fin de que otorguen toda la asistencia y protección posibles.

The Ministry of Foreign Affairs of the United Mexican States hereby requests all competent authorities to permit the holder of this passport, a Mexican national, to transit without delay or hindrance and in accordance with the law to give him all lawful aid and protection.

Le Ministère des Affaires étrangères des États-Unis du Mexique a pris les autorités compétentes de bien vouloir laisser passer librement et sans entrave l'émigré mexicain du présent passeport, de nationalité mexicaine, et de lui délivrer tout aide et assistance possible.

Support  
Support

|                              |     |
|------------------------------|-----|
| Estatus Unidos Mexicanos     |     |
| Tipo                         |     |
| Categoría                    |     |
| Apellido                     |     |
| Clave del país de expedición | MEX |
| Issuing state code           |     |
| Code du pays émetteur        |     |

Pasaporte No.  
Passport No. /  
No. du Passeport 0024624678

LUU  
Nombres / Given names / Prénoms  
MARY

Nacionalidad / Nationality / Nationalité  
**MEXICANA**

Fecha de nacimiento / Date of birth / Date de naissance  
09 04 1954

**Lugar de nacimiento**  
**VIETNAM**

VIETNAM  
Date de livraison / Date of delivery / Fecha de entrega  
03 05 2014

Fecha caducidad / Expiry date / Date d'expiration  
03 05 2024

Autonidad

**MEXICO**

Forma del titolo  
Holder's signature/Signature du titulaire

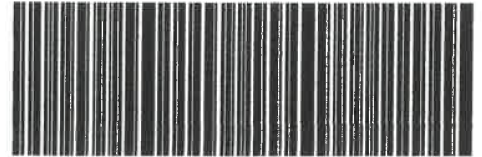
[illegible]



Cablemás Telecomunicaciones, S.A de C.V.  
Domicilio Fiscal: AV: VASCO DE QUIROGA N°2000 COL. SANTA FE  
C.P. 01210, DELEGACIÓN ALVARO OBREGON MÉXICO D.F.  
RFC TCI770922C21

GARY LUU

AV. SINDICATO DE HACIENDA 604,  
FRACC. FOVISSSTE 4TA ETAPA,  
MEXICALI, BAJA CALIFORNIA,  
MEXICO C.P. 21240



86425656864202294512499636658

MES DE FACTURACIÓN  
FORMA DE PAGO  
NÚMERO TELEFÓNICO  
PÁGINA

MARZO  
EFECTIVO  
6864202294  
1 DE 1

# DE CUENTA 9636658  
TOTAL A PAGAR \$ 399.00  
PAGAR ANTES DE 31/MARZO/2022

#### ESTADO DE CUENTA

■ SALDO DEL MES ANTERIOR \$ 0.00

■ Suscripción izzi

**\$ 399.00**

■ CARGOS DEL MES \$ 0.00

■ TOTAL A PAGAR \$ 399.00

(TRESCIENTOS NOVENTA Y NUEVE 00/100 M.N.)

IMPRIMIR FICHA DE PAGO

IZZI PAGO EXPRES EN LÍNEA

Conoce el detalle de tu estado de cuenta en [www.izzi.mx](http://www.izzi.mx)

#### ¿TIENES DUDAS?

ATENCIÓN A CLIENTES  
**01800 120 5000**  
LUNES A DOMINGO  
LAS 24 HORAS

CHATEA EN LÍNEA EN  
[www.izzi.mx](http://www.izzi.mx)  
DE 7:00 AM A 11:30 PM

CONTÁCTANOS EN REDES SOCIALES  
■ @soporteizzi ■ /soporteizzi  
■ /soportetizzi





#### CERTIFICATE OF TRANSLATION

I, the undersigned, **Nancy Viviana Luna Bustamante**, hereby attest that i am a certified translator No. 345 by the Judicial Council of the State of Baja California, Mexico for English, and Spanish, that I have translated the attached document entitled **PASSPORT**, with registration number: **LEG 022-1180** and that to the best of my knowledge, ability, and belief this translation is a true, accurate and complete translation of the original in Spanish **PASAPORTE** that was provided to me.

Dated on **Apr 01 2022**



#### Smart Translation: Language & Business Agency

Av. Acatita de Bajan #1197, C.P. 21290

Mexicali, Baja California, Mexico

info.smartranslation@gmail.com

Cel: + 52 1 (686) 190 7981

Tel: +52 1 (686) 360 6998

|   |  |                   |
|---|--|-------------------|
| Form <b>W-8BEN</b><br>(Rev. October 2021)<br>Department of the Treasury<br>Internal Revenue Service | <b>Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)</b><br>▶ For use by individuals. Entities must use Form W-8BEN-E.<br>▶ Go to <a href="http://www.irs.gov/FormW8BEN">www.irs.gov/FormW8BEN</a> for instructions and the latest information.<br>▶ Give this form to the withholding agent or payer. Do not send to the IRS. | OMB No. 1545-1621 |
|---|--|-------------------|

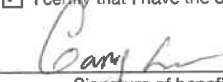
- Do NOT use this form if:**
- You are NOT an individual . . . . . **W-8BEN-E**
  - You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
  - You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) . . . . . **W-8ECI**
  - You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
  - You are a person acting as an intermediary . . . . . **W-8IMY**

**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

|  |   |
|--|---|
| <b>Part I Identification of Beneficial Owner (see instructions)</b>  |   |
| <b>1</b> Name of individual who is the beneficial owner<br><b>GARY LUU</b>   | <b>2</b> Country of citizenship<br><b>MEXICO</b>                            |
| <b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b><br><b>AV SIND DE HACIENDA 604FRACC FOVISTE 4TA ETAPA</b> |   |
| City or town, state or province. Include postal code where appropriate.<br><b>MEXICLI BC C.P. 21240</b>  | Country<br><b>MEXICO</b>  |
| <b>4</b> Mailing address (if different from above)   |   |
| City or town, state or province. Include postal code where appropriate.  |   |
| Country  |   |
| <b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)   |   |
| <b>6a</b> Foreign tax identifying number (see instructions)  | <b>6b</b> Check if FTIN not legally required <input type="checkbox"/>       |
| <b>7</b> Reference number(s) (see instructions)  | <b>8</b> Date of birth (MM-DD-YYYY) (see instructions)<br><b>04/09/1954</b> |

|  |  |
|--|--|
| <b>Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)</b>   |  |
| <b>9</b> I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.  |  |
| <b>10 Special rates and conditions</b> (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____ |  |
| Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____  |  |

|  |  |
|--|--|
| <b>Part III Certification</b>  |  |
| Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:   |  |
| <ul style="list-style-type: none"><li>• I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;</li><li>• The person named on line 1 of this form is not a U.S. person;</li><li>• This form relates to:<ul style="list-style-type: none"><li>(a) income not effectively connected with the conduct of a trade or business in the United States;</li><li>(b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;</li><li>(c) the partner's share of a partnership's effectively connected taxable income; or</li><li>(d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);</li></ul></li><li>• The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and</li><li>• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.</li></ul> |  |
| Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.   |  |

|   |  |
|---|--|
| <b>Sign Here</b>  | <input checked="" type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form. |
|    |  |
| Signature of beneficial owner (or individual authorized to sign for beneficial owner) | <b>03/28/2022</b>  |
| <b>GARY LUU</b>   | Date (MM-DD-YYYY)  |
| Print name of signer  |  |

**WELLS  
FARGO**

**Wells Fargo Deposit Operations**  
P.O. Box 5110  
Sioux Falls, SD 57117-5110

wellsfargo.com

March 16, 2010

GARY LUU  
PO BOX 741462  
DALLAS, TX 75374

RE: Completing W-8BEN - Certificate of Foreign Status Form

Dear Customer:

Thank you for banking with Wells Fargo. We recently received a change to an address we have in your account records, and that change requires us to obtain an updated Form W-8BEN (Certificate of Foreign Status of Beneficial Owner) from you. The Internal Revenue Service (IRS) requires us to keep on file a completed, signed Form W-8BEN for all beneficial owners of interest-earning deposit accounts, including non-US persons and entities formed outside of the US (as defined by IRS regulations). The purpose of Form W-8BEN and any additional IRS-required documentation is to certify your foreign status. If you are unsure whether the Form W-8BEN is appropriate for you, please consult a tax advisor.

Each account owner must complete a separate Form W-8BEN. Also, when we have a U.S. mailing address on file for an account for any purpose, the owners must also provide additional required documentation. For help in properly completing Form W-8BEN, as well as to determine the additional documentation requirements, please refer to the enclosed instructions and tips.

**Please return all owners' completed Forms W-8BEN and additional required documentation in the envelope provided.**

As disclosed in your Account Agreement, the interest paid on your account will be subject to backup withholding requirements of the IRS until we receive all properly completed certification documentation.

If you have questions regarding this matter, please contact your Wells Fargo banker or call *Wells Fargo Phone Bank*<sup>SM</sup> 24 hours a day, 7 days a week:

- For Personal Accounts: 1-800-TO-WELLS (1-800-869-3557).
- For Business Accounts: 1-800-CALL-WELLS (1-800-225-5935)
- For Commercial Accounts: 1-800-AT WELLS (1-800-289-3557), Option 2

We appreciate your business and thank you for your attention to this matter.

Deposit Operations

Enclosures

AO 215  
(08/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

**Request to Determine Foreign Vendor Tax Payments**

For any questions regarding the taxability of your foreign vendor payment, please contact the Payment Management Branch by phone at 202-502-4829 or via email at [tax\\_compliance@ao.uscourts.gov](mailto:tax_compliance@ao.uscourts.gov). All Fields outlined in red are required.

Payee Name: Gary Luu 12-35375

Vendor Code: \_\_\_\_\_

**Amount to be paid (In Dollars):**

Principal: \$ 18,318.65

Interest (if applicable): \_\_\_\_\_

**Type of Payment (select one):**

- ☐ Restitution;
- ☒ Unclaimed Funds;
- ☐ Registry Funds;
- ☐ Criminal Bond;
- ☐ Contract;
- ☐ Criminal Justice Act (Attorney);
- ☐ Criminal Justice Act (Services Other than Counsel); or
- ☐ Other (Explain): \_\_\_\_\_

If a service contract or CJA vendor, will the service be performed in the United States? \_\_\_\_\_

**Funding Information:**

| <i>Fiscal Year</i> | <i>Fund</i> | <i>Budget Org</i> | <i>Cost Org</i> | <i>Object Code</i> |
|--------------------|-------------|-------------------|-----------------|--------------------|
|--------------------|-------------|-------------------|-----------------|--------------------|

**Obligation:**

| <i>Number</i> | <i>Type</i> | <i>Item Line</i> | <i>Accounting Line</i> |
|---------------|-------------|------------------|------------------------|
|---------------|-------------|------------------|------------------------|

**Proposed Payment Method:** Domestic Wire Transfer

AO 215  
(08/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

**Request to Determine Foreign Vendor Tax Payments**

**If payment is to be made via international wire transfer, provide the following Bank information as applicable:**

Legal Name on Account: GARY LUU

Account Holders Address: AV SIND DE HACIENDA 604  
FRACC FOVISTE 4TA ETAPA  
MEXICALI BC C.P. 21240 MEXICO

**Receiving Bank**

SWIFT Routing # or SWIFTBIC: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

IBAN, BSB (Australia) or CLABE (Mexico): \_\_\_\_\_

Sort Code: \_\_\_\_\_

**Domestic United States Intermediary Bank (If applicable)**

ABA Routing # or SWIFTBIC: 026009593

Bank Name: BANK OF AMERICA

Bank Address: NEW YORK, NY USA

898118993732

Bank Account Number: \_\_\_\_\_

**International Intermediary Bank (If applicable)**

SWIFT Bank Identifier Code (SWIFTBIC): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

IBAN, BSB (Australia) or CLABE (Mexico): \_\_\_\_\_

Sort Code: \_\_\_\_\_

GARY LUU   
Name of Requester

Court / TXNB 12-35375  
Court Unit/FPDO